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CONFIRMATION NO. 7351

<b>SERIAL NUMBER</b> 10/712,975	<b>FILING OR 371(c) DATE</b> 11/13/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 011738.00144
<b>APPLICANTS</b> Ivan Osorio, Leawood, KS; Mark G. Frei, Lawrence, KS;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/053,425 11/09/2001 PAT 6,671,556 which is a CON of 09/302,516 04/30/1999 PAT 6,341,236				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 02/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 32
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 022824				
<b>TITLE</b> VAGAL NERVE STIMULATION TECHNIQUES FOR TREATMENT OF EPILEPTIC SEIZURES				
<b>FILING FEE RECEIVED</b> 1702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	